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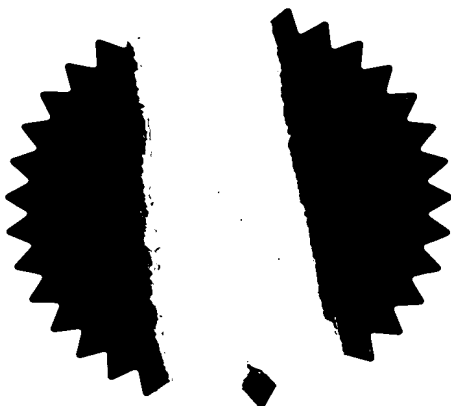
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L & P 100 Limited
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Leeds
LS1 2AJ
UK

Patents ADP number (if you know it)

If the applicant is a corporate body, give the country/state of its incorporation

UK

8746216001

IL

4. Title of the invention

Medical Devices

5. Name of your agent (if you have one)

Lloyd Wise, McNeight & Lawrence

"Address for service" in the United Kingdom to which all correspondence should be sent (including the postcode)

Highbank House
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STOCKPORT
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SK3 0ET

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Signature(s) *Hoyd Wise, McNeight & Lawrence*

Date 03/11/2003

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Dr Ian R Lambert

0161 480 6394

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Medical Devices

This invention relates to medical devices and systems that incorporate said
5 medical devices, in particular to heart valve devices.

Heart valves are well known medical devices which are intended to replicate the function of the valves of the human heart, ie, to regulate the flow of blood into or out of the chambers of the heart. Known heart valves can be categorised into two main types,
10 namely mechanical heart valves and tissue heart valves. With mechanical valves, the entire valve is constructed from non-living material, which may be a synthetic or man-made material. They may comprise a tilting disc or occluder or incorporate a bileaflet design. Many mechanical valves, both occluders or bileaflet, are made from pyrolytic carbon. The disc or leaflets may be housed in a ring of titanium or pyrolytic carbon.
15 Mechanical valves usually have a sewing cuff to aid the surgeon's implantation of these devices. They are usually made of a surgical cloth, either Dacron™ or Teflon™. In contrast, tissue valves are fabricated, at least in part, using tissue obtained from a suitable living source. This tissue is treated, particularly chemically, to prevent degeneration, to reduce antigenicity and to extend shelf life of the valves as well as to strengthen them.
20 Typically, the tissue element uses porcine (pig) aortic valves with part of the aortic artery wall. Thus, porcine valve leaflets are a part of the integral functioning valve. Some tissue valves are fabricated from pericardial pieces, fashioned by shaping the pericardial tissue into artificial leaflets. (The pericardium is part of the membrane surrounding the heart.) The majority of tissue valves are made from porcine aortic valves. They may be used after
25 trimming etc, by themselves (freesewn valves or roots) or may be sutured into a synthetic frame (stented tissue valves). Plastic mono or homopolymers are an example of such frames. These stented or framed bioprosthetic tissue valves frequently have a sewing cuff added to ease implantation, similar to mechanical valves. These cuffs may be made of

surgical cloth, eg, Dacron™ or Teflon™ and may incorporate a cloth filler, eg Dacron™. Some sewing cuffs on these valves are made from pericardium. The majority of stented valves have the frame additionally covered by surgical cloth, into which the porcine material is attached by sutures. Some freesewn porcine valves are covered with a layer of pericardium. It will now be apparent that, broadly speaking, tissue valves can be categorised into two sub-sections. More specifically, stented tissue valves utilise a stent support for the tissue valve wall whereas, in contrast, stentless tissue valves do not utilise supports of this type for the tissue valve wall, and require extra layers of sutures in order to provide a usable product. It is generally recognised that stentless (also known as free sewn or free-stent) tissue valves provide better performance, but suffer from the disadvantages of being rather difficult to implant and difficult to size properly.

The use of heart valves is widespread, with more than 180,000 heart valve operations being performed every year in the western world alone. It is likely that the annual number of heart operations will increase still further in the future. However, there are a number of problems associated with known heart valve devices. Firstly, there is a need to monitor patients who have had heart valves fitted. At present, this post operative monitoring process may be inconvenient, resource intensive, and expensive. In particular, monitoring is most efficaciously performed through echocardiography, which requires the provision of expensive ultrasound equipment. Necessarily, such resources are only maintained at relatively large institutions such as hospitals, and thus require patients to travel (possibly over long distances) to attend a check up, which is inconvenient. A related problem is that access to echocardiography monitoring is limited. In fact, it is the case that implanted heart valve dysfunction associated with abnormal valve action caused by complications such as thrombosis formation or tissue ingrowth tends to develop over a period of several weeks. This period can occur between the initial monitoring by echocardiography and further physical examinations. Additionally, it would be highly desirable to obtain feedback on the clinical performance of a heart valve over a period of

time. However, there is currently no readily available method for performing an *in vivo* assessment of this type which is not invasive or minimally evasive, or indeed avoids patients and clinicians waiting for appointments for full assessment to be performed. It is also not easy and somewhat subjective to compare one study with another or to evaluate the gradual changes over a period of time. Eitz *et al* (T Eitz, D Fritzsche, O Grimmig, I Frerichs, A Frerichs, G Hellige, K Minami and R Korfer, J. Heart Valve Dis. 12 (2003) 414) discloses an approach to the monitoring of heart valves in which patients are trained to use briefcase sized acoustic detection devices to investigate heart functions and to transmit the data thus acquired. It is a disadvantage that the approach is entirely reliant on training the patients to perform an analytical technique and on the ability of the patients to properly perform the technique. US 2002/0072656 A1 and US 6,409,675 (the contents of which are herein incorporated by reference) disclose apparatus which are implanted into the vascular system of an individual and which are capable of providing information relating to clinically important parameters. The apparatus disclosed does not relate to heart valves and in particular to either valve replacement, either mechanical or tissue, or indeed to assessing the results of surgical invasive or minimally invasive procedures to repair or treat indigenous valve disorders or problems.

The present invention addresses the abovenamed problems, and, in particular, provides a straightforward, efficacious and economic means of obtaining clinically and physiologically useful *in vivo* data relating to the condition of a heart valve implant or repair or other indigenous valve treatment, and of the performance of the heart valve. The *in vivo* data can be easily obtained on a regular basis over an extended time frame. Further, data can be obtained without requiring the attention of skilled operatives so as to provide the attendant clinical staff with an assessment of any changes, either acute or chronic, with the valve(s) progress since time of implant or treatment.

For the avoidance of doubt, the term "patient" as used herein includes both humans and animals within its scope.

According to a first aspect of the invention there is provided a medical device
5 adapted to be implanted in the heart of a patient and operable therein i) as a heart valve;
or ii) to assist in the functioning of one of the patient's heart valves; or iii) to monitor the
functioning of one of the patient's heart valves; the device comprising:

one or more sensors for sensing a physiologically or clinically relevant
10 parameter; and

telemetric communication means for telemetrically transmitting data related
to a parameter sensed by the one or more sensors to a remote device.

15 In the case of option i), above, the medical device is a heart valve which may
further comprise a valve for regulating the flow of blood through the device. Typically, the
valve comprises a number of leaflets, although this is not a limiting feature of the
invention.

20 In the case of option ii), above, the medical device may comprise a heart
valve repair device. The heart valve repair device may comprise a heart valve support
structure, such as an annular support structure. Such annular structures may be sewn onto
the top portion of a patient's heart valve.

25 In the case of option iii), above, the medical device may comprise a structure
suitable for placement in or on a patient's heart valve. The patient's heart valve may be
a treated indigenous valve or a valve which, although untreated, might require monitoring
to determine when or if future treatment or replacement is required.

In preferred embodiments, the telemetric communication means is a passive device which is powered by energy transmitted by a remote device, in which instance the
5 telemetric communication means may be a transponder, such as an RF tag device. Alternatively, the telemetric communication means may be powered by an energy source disposed on or in physical connection with the medical device, such as a battery. Alternatively still, it may be possible to utilise energy produced by the patient, in particular energy associated with the beating of the patient's heart, to power the telemetric
10 communication means.

The telemetric communication means may be powered by an RF field.

The telemetric communication means may transmit data using an RF field.
15

The telemetric communication means may transmit data by other means and/or be powered by other means, such as microwave or other electromagnetic radiation, acoustic signals or other electromagnetic fields.

20 In further embodiments, the telemetric communication means, the means by which the telemetric communication means transmits data and the means by which the telemetric communication means is powered may utilise technology known in the field of mobile telephones (also known as cell telephones). In such embodiments, the telemetric communication means may transmit data using Bluetooth (RTM), WLAN, GSM, GPRS
25 or UMTS technology.

The telemetric communications means comprises an integrated circuit. The telemetric communication may comprise a chip, preferably a microchip.

At least one sensor may sense blood pressure. In this way, highly relevant clinical pressure data, such as systolic and diastolic pressures, and pressure profiles as a function of time, can be obtained. Advantageously, the medical device comprises at least two spaced apart sensors for sensing blood pressure at different locations in the heart of the patient. In this instance the telemetric communication means may telemetrically transmit data related to the difference in the blood pressures sensed by the at least two sensors. In this way, information on blood flow and blood leakage can be obtained, particularly pressure differences across the valve or valve replacement, giving valuable data concerning valve narrowing/stenosis/incompetence.

10

At least one sensor may sense acoustic signals. In this way, highly relevant clinical data relating to heart beat can be obtained. In particular the performance of the valve(s) repair may be assessed, taking into consideration any abnormal rhythm and thus pressure profiles that might affect the interpretation of the telemetrically produced acoustic signal of the valve(s) performance. Additionally, information relating to blood flow, eg, whether blood flow is normal or abnormal, can be obtained.

15

Advantageously, the one or more sensors sense blood pressure and acoustic signals. Blood pressure, pressure profiles and pressure differences may be sensed. A single sensor may sense blood pressure and acoustic signals.

20

One or more sensors may sense other physiologically relevant parameters, such as temperature and pH.

25

At least one sensor may be a passive sensor, ie, a sensor that does not require a power source in order to operate as a sensor.

At least one sensor may be a piezoelectric sensor. The piezoelectric sensor may comprise a polymeric active sensing area and the polymeric active sensing area may comprise polyvinylidene fluoride (PVDF) or a related PVDF material. PVDF is a preferred material since it is possible to provide PVDF sensors that can monitor both
5 pressure and acoustic signals. Related PVDF materials include copolymers with PVDF, such as a PVDF-trifluorethylene (TrFe) copolymer.

The sensors and telemetric communication means may be disposed on the medical device so that, when implanted as a heart valve, these elements are situated either
10 in an intravascular configuration or in an extravascular configuration. The sensors can be disposed so as to be in direct contact with blood once implanted. This provides higher signal values. However, it is generally preferred that the sensors are disposed so as to be out of direct contact with the blood, or on the external surface of a valve implant or within any material utilised for valve repair of an indigenous valve. Such a sensor or group of
15 sensors may be outside the main blood flow stream.

The medical device may be a tissue valve device having a valve wall formed from tissue. The medical device may be stented or stentless. In particular, the medical device may further comprise a stent support for the valve wall, in which at least one sensor
20 and the telemetric communication means are disposed between the stent support and the valve wall.

A tissue valve medical device may further comprise a protective cover disposed around the periphery of the device, and the at least one sensor and the telemetric
25 communication means may be disposed between the valve wall and the protective cover. The protective cover may comprise a polymeric layer, such as Dacron (RTM) or a pericardial layer, typically one that has been crosslinked.

The medical device may be a mechanical heart valve.

According to a second aspect of the invention there is provided a system for monitoring a patient comprising:

5

a medical device according to the first aspect of the invention; and

a remote device for receiving data telemetrically transmitted by the telemetric communication means.

10

It is highly advantageous that data obtained *in vivo* from the environs of a heart valve can be conveniently transmitted to a remote device with little or no inconvenience to the patient. Systems of the present invention can be produced economically, thus facilitating mass manufacture and monitoring of the patient in a wide range of locations such as, for example, a general practitioner's surgery or at the patient's abode. It is a further advantage that the remote device can be a handheld device, thus further facilitating convenient usage. The system does not require the attention of a skilled operative in order to obtain data, and might even be used by the patient himself or herself.

15

20

The remote device may be adapted to provide power remotely to the telemetric communication means. The remote device may be adapted to produce an RF field for this purpose.

25

The remote device may comprise memory for storing data transmitted by the telemetric communication means.

The remote device may comprise data analysis means for performing a physiologically or clinically relevant analysis of data transmitted by the telemetric

communication means. An example of data analysis is provided by the instance in which two or more sensors sense blood pressure at different locations in the heart of the patient. In this instance, the remote device (or another component in the system) may calculate a quantity related to the difference in the blood pressures sensed by the two or more sensors.

- 5 This quantity may be integrated with acoustic or other relevant clinical data, thus aiding enhanced clinical evaluation of the performance of the valve or valve replacement.

The remote device may comprise data transmission means. The data transmission means may comprise an interface suitable for sending data to the outside
10 world, preferably to a computer. Data may be sent via a network, suitable but non-limiting examples of which are a wide area network (WAN), a local area network (LAN), an intranet, a worldwide computer network, and the Internet.

The system may further comprise a data storage device which is separate to
15 the remote device, in which the remote device comprises means to write data on the data storage device. The data storage device may be a card having a magnetic data storage area, a digital versatile disc (DVD), a compact disc (CD) or another disc data storage medium. In this way, a record of *in vivo* data may be built up in a highly convenient manner. The assembled data record on the data storage device might be transported to a
20 skilled physician for analysis and interpretation of the data in order to assess the patient, and/or might be used to assess the performance of the medical device itself. In either instance, the analysis, interpretation or assessment might be performed at a location which is remote from the location at which data were transmitted to the remote device.

25 According to a third aspect of the invention there is provided the use of a medical device according to the first aspect of the invention as a heart valve and in sensing a physiologically or clinically relevant parameter.

According to a fourth aspect of the invention there is provided the use of a medical device according to the first aspect of the invention to assist in the functioning of one of a patient's heart valves and in sensing a physiologically or clinically relevant parameter.

5

According to a fifth aspect of the invention there is provided the use of a medical device according to the first aspect of the invention in, on or in the immediate environs of the heart valve of a patient to sense a physiologically or clinical relevant parameter and thereby monitor the functioning of said heart valve.

10

Embodiments of medical devices and systems in accordance with the invention will now be described with reference to the accompanying drawings, in which:-

Figure 1 shows views of a stented heart valve, namely (a) a side view, (b) a plan view, (c) a cross sectional view on the line A - A¹ of (b), and (d) an expanded view of the portion of (c) enclosed within dotted lines;

15

Figure 2 shows views of a freesewn heart valve, namely (a) a side view, (b) a plan view, (c) a cross sectional view on the line A - A¹ of (b), and (d) an expanded view of the portion of (c) enclosed within dotted lines;

20

Figure 3 shows an arrangement of two sensors and telemetric communication means; and

25

Figure 4 shows a system in accordance with the invention.

Figure 1 shows a first embodiment of a heart valve 10 according to the invention. The heart valve 10 is a stented tissue valve comprising a stent 12 which supports a tissue valve wall 14 obtained from a suitable source. Typically, porcine tissue valves are utilised. The tissue valve 10 further comprises a valve 16, the valve 16 being
5 made up of three tissue leaflets 16a, 16b, 16c. Typically, a protective cover 18 is provided around the periphery of the valve wall 14/stent 12. The cover may be produced from any suitable material: typically, a polymeric sheet material such as Dacron (RTM) is used, although the invention is not limited in this regard. As shown to best effect in Figure 1(d), the tissue heart valve 10 further comprises a first sensor 20, a second sensor 22, and
10 telemetric communication means 24, all of which are disposed in the cavity provided between the valve wall 14 and stent 12. This location is extremely convenient, since blood flowing through the tissue heart valve 10 is not in direct contact with the sensors 20,22 or telemetric communication means 24, but the sensors are sufficiently close to the blood flow to be able to detect certain desired parameters associated with the blood flow with
15 good sensitivity. As will be explained in more detail below, it is desirable that the sensors 20, 22 are disposed on either side of the valve 16.

Figure 2 depicts a second embodiment of the present invention which is a free sewn (or stentless) tissue heart valve 30. The tissue heart valve 30 comprises a tissue valve
20 wall 32 and a tissue valve 34, the tissue valve 34 itself comprising a plurality of leaflets 34a, 34b, 34c. Again, it is typical that porcine tissue is used to fabricate the tissue heart valve 30, although the invention is not limited in this regard. The tissue valve 30 further comprises a protective layer 36, which typically is a crosslinked pericardial cover also obtained from sources of porcine tissue. The tissue heart valve 30 further comprises a first
25 sensor 38, a second sensor 40 and telemetric communication means 42 which are disposed between the valve wall 32 and the pericardial cover 36. In common with the first embodiment, it is advantageous that the first and second sensors 38, 40 are disposed on either side of the valve 34. Additionally, it is highly advantageous that the sensors 38, 40

and telemetric communication means 42 are situated in a location which is not in direct contact with blood flowing through the heart valve, but which is close enough to enable the desired parameters to be sensed with good sensitivity.

5 Manufacturing techniques and processes such as crosslinking of tissue and suturing of the heart valve structure may be employed in ways well known in the art. The skilled reader will readily appreciate that appropriate suturing can be employed in order to seal the sensors and telemetric communication means in place in between various layers as described above with reference to the first and second embodiments.

10

 One or more sensors may be employed in a heart valve of the present invention in order to sense one or more physiologically or clinically relevant parameters. Examples of such parameters include pressure, acoustic signals, temperature and pH. Chemical sensors and biosensors might be used in order to analyse blood flowing through
15 a heart valve. Pressure and acoustic signal measurements are particularly important. Measurement of pressure can provide systolic and diastolic pressure information. Furthermore, it is possible to obtain useful information by examining the differences in pressures measured by two or more pressure sensors. Particularly useful information is obtained when sensors are disposed either side of the valve, such as described above in
20 relation to the first and second embodiments of the invention. In this way, blood flow can be assessed, and leakage across or from the valve can be detected. By sensing acoustic signals, it is possible to obtain information relating to patterns of heartbeat. For example, it is possible to detect abnormal events, such as heart murmurs.

25 It is advantageous to utilise piezoelectric sensors in devices of the present invention, although the invention is not limited in this regard. In preferred embodiments, at least one PVDF based transducer is utilised. An advantage associated with PVDF transducers is that they can be operated as both a pressure transducer and as a microphone,

monitoring acoustic signals. In the pressure transducer mode, the PVDF transducer is reacting to blood pressure during the heart cycle. In the microphone mode, the PVDF transducer is listening to the sounds emitted by the blood as it moves through the heart valve. This requires that the PVDF transducer has a band width out to 1 or 2 kHz.

5 Devices of this nature have been described in the literature, but not in the context of heart valves (see, for example, "Tactile Sensors for Robotics in Medicine", edited by John G Webster, John Wiley, 1988, particularly chapter 8, "Piezoelectric Sensors", and "The Applications of Ferroelectric Polymers", Chapman and Hall, 1988, in particular chapter 8, "Microphones, Headphones and Tone Generators", the contents of both of which are
10 herein incorporated by reference). PVDF is inherently a very high impedance material, but in the context of acoustic signals, it is not necessary to use very thin materials. In non-limiting examples, a PVDF thickness of between 60 and 150 μ m, preferably between 60 and 110 μ m, is used. It is advantageous that it is possible to use relatively large area transducers. Other piezoelectric materials might be used in place of PVDF. In particular,
15 there are numerous polymer based composite materials which could be used. Lead zirconate titanate (PZT) is an example of another suitable piezoelectric material which is not polymeric in nature.

Figure 3 shows a sensing arrangement comprising two sensors 50, 52 in
20 connection with telemetric communication means 54 through wiring 56, such as gold wires. Other ways of connecting the sensors to the telemetric communication means would suggest themselves readily to the skilled reader. The function of the telemetric communication means 54 is to telemetrically transmit data related to a parameter sensed by one or more of the sensors 50, 52 to a remote device. It is understood that the medical
25 devices provided by the present invention are intended to be able to transmit data obtained *in vivo* within a patient who has had the heart valve implanted therein, the data being transmitted out of the body of the patient. The heart valve might be implanted in any of the

precise locations in the heart that known heart valves are implanted, using known surgical techniques.

It is anticipated that in practice the data will be directly transmitted from the
5 telemetric communication means to a remote device disposed outside of the body of the patient. However, in principle at least, it may be possible to send data from the telemetric communication means to another device positioned in the body of the patient, eg, subcutaneously. This device might transmit data (possibly after performing datalogging or data analysis functions) to a further device disposed outside of the body of the patient.
10 In a preferred embodiment, the telemetric communication means 54 is a so-called RF tag device (such devices are also known as radio frequency identification (RFID) chips - see, for example, UK periodical "Computing", 16 January 2003 edition). Such devices are well known for position monitoring purposes. For example, animals such as cattle and pets may be monitored in this way using a RF tag positioned subcutaneously. RF tag devices
15 are passive devices until interrogated by a suitable, and typically relatively powerful, RF signal. The signal is energetic enough to power up the RF tag device which, in the context of position measurement, typically responds with some form of electronic bar code signal, typically using a response frequency around 450 MHZ. For the purposes of the present invention, the function of the RF tag is altered somewhat from these prior art applications.
20 In particular, the RF tag accepts data from the sensors, and transmits data relating to measurements made by the sensors to the interrogating remote device. One way in which this can be achieved is to use the signal from the sensors to modulate the response from the RF tag in a suitable manner. The remote device accepts the data transmitted telemetrically by the RF tag device, and can perform desired functions such as datalogging,
25 data analysis and data presentation. Additionally, the remote device transmits a RF signal to the telemetric communication means in order to power said telemetric communication means. Alternatively, it may be possible to build some or all of the datalogging and data analysis functions into the functionality of the telemetric communication means.

It is often desirable that the data obtained using the present invention are communicated to a site which is different to the site at which the *in vivo* measurements were made. For example, for the convenience of the patient, it is desirable to make the *in vivo* measurements at accessible locations such as a general practitioner's surgery or the patient's abode. Equally, it is convenient for a physician or other skilled person who is intended to analyse the data that the data may be conveyed in some way to a location which is convenient for that skilled person. The present invention is highly convenient in this regard, since the remote device can be configured to transmit data over a network such as a WAN, LAN, intranet, worldwide computer network, or the internet. Alternatively, or additionally, the remote device might write the data to a suitable data storage device such as a DVD, a CD or another form of disc storage medium. Very conveniently, the remote device might be configured to write data to a card having a suitable data storage area such as a magnetic data storage area. In this way, the patient can be provided with a "swipe card" on which relevant data can be written. The swipe card can then be conveyed to an interested party for data analysis. Figure 4 depicts one embodiment of a system 60 of the invention comprising a remote device 62 and a heart valve 64. The heart valve 64 has telemetric communication means 66 for telemetrically transmitting data to the remote device 62. It is understood that the heart valve 64 is implanted in the heart of a patient (not shown). The remote device 62 has a slot 66 through which a swipe card 68 can be translated, thereby permitting data recorded by the heart valve 64 to be stored on the swipe card 68.

There are numerous variations possible which fall within the general ambit of the invention. The first and second embodiments discussed above utilise sensors and telemetric communication means which are, strictly speaking, anchored intravascularly, since these components are disposed inside of the vascular "tree". It is also possible to dispose these components in an extravascular configuration, or to position them in a strict intravascular sense, ie, disposed in the blood flow. The sensors and telemetric

communication means may be protected by a suitable shell, layer or membrane, or even encapsulated by same. A passive telemetric communication means might be powered by means other than the supply of RF energy. For example, the heart valve might be provided with coils which can be powered up using externally supplied electromagnetic fields other than RF fields. Alternatively still, it may be possible to provide "active" telemetric communication means, rather than a passive one, which is powered internally, allowing continuous or near continuous operation. The sensors may be powered in the same manner. In this case, data from the sensors might be accumulated continuously, rather than on demand when interrogated by the remote device. There are numerous possibilities regarding datalogging and data analysis functions. For example, it may be desirable to only store, process, or notify the existence of data which relate to adverse events. It is possible to provide mechanical heart valves which incorporate *in vivo* sensing capabilities of the type generally described above. Furthermore, it is possible to "retrofit" to existing heart valves, in order to provide modified existing heart valves so as to provide the *in vivo* sensing capabilities of the present invention. Another possibility still is to incorporate the sensors and telemetric communication means in a heart valve repair device. Heart valve repair devices are quite commonly used to repair mitral heart valves, although the invention is not limited in this regard. Typically, a support structure, such as a hoop is used, the support structure being sewn into the top of the valve. The hoop may comprise a plastic and may be provided with a cloth cover. It would be possible to dispose the sensor(s) and telemetric communication means within or on such a support structure.

CLAIMS

1. A medical device adapted to be implanted in the heart of a patient and operable therein i) as a heart valve; or ii) to assist in the functioning of one of the patient's heart valves; or iii) to monitor the functioning of one of the patient's heart valves; the device comprising:

one or more sensors for sensing a physiologically or clinically relevant parameter; and

telemetric communication means for telemetrically transmitting data related to a parameter sensed by the one or more sensors to a remote device.

2. A medical device according to claim 1 which is a heart valve and which further comprises a valve for regulating the flow of blood through the device.

3. A medical device according to claim 1 or claim 2 in which the telemetric communication means is a passive device which is powered by energy transmitted by a remote device.

4. A medical device according to claim 3 in which the telemetric communication means is a transponder.

5. A medical device according to claim 4 in which the telemetric communication means comprises an RF tag device.

6. A medical device according to any of claims 3 to 5 in which the telemetric communication means is powered by an RF field.

7. A medical device according to any previous claim in which the telemetric communication means transmits data using an RF field.

5 8. A medical device according to any previous claim in which the telemetric communication means comprises an integrated circuit.

9. A medical device according to any previous claim in which at least one sensor senses blood pressure.

10 10. A medical device according to claim 9 comprising at least two spaced apart sensors for sensing blood pressure at different locations in the heart of the patient.

11. A medical device according to claim 10 in which the telemetric communication means telemetrically transmits data related to the difference in the blood
15 pressures sensed by the at least two sensors.

12. A medical device according to any previous claim in which at least one sensor senses acoustic signals.

20 13. A medical device according to claim 12 when dependent on claim 8 in which the one or more sensors sense blood pressure and acoustic signals.

14. A medical device according to claim 13 in which a single sensor senses blood pressure and acoustic signals.

25 15. A medical device according to any previous claim in which at least one sensor is a passive sensor.

16. A medical device according to any previous claim in which at least one sensor is a piezoelectric sensor.

17. A medical device according to claim 16 in which a piezoelectric sensor
5 comprises a polymeric active sensing area.

18. A medical device according to claim 17 in which the polymeric active sensing area comprises PVDF.

10 19. A medical device according to any previous claim in which the medical device is a tissue valve device having a valve wall formed from tissue.

20. A medical device according to claim 19 further comprising a stent support for the valve wall, in which at least one sensor and the telemetric communication means
15 are disposed between the stent support and the valve wall.

21. A stentless medical device according to claim 19.

22. A medical device according to any of claims 19 to 21 further comprising a
20 protective cover disposed around the periphery of the device, in which at least one sensor and the telemetric communication means are disposed between the valve wall and the protective cover.

23. A medical device according to any previous claim in which the medical
25 device is a mechanical heart valve.

24. A system for monitoring a patient comprising:

a medical device according to any of claims 1 to 23; and

a remote device for receiving data telemetrically transmitted by the telemetric communication means.

5

25. A system according to claim 24 in which the remote device is adapted to provide power remotely to the telemetric communication means.

10 26. A system according to claim 24 or claim 25 in which the remote device comprises memory for storing data transmitted by the telemetric communication means.

27. A system according to any of claims 24 to 26 in which the remote device comprises data analysis means for performing a physiologically relevant analysis of data transmitted by the telemetric communication means.

15

28. A system according to any of claims 24 to 27 in which the remote device comprises data transmission means.

20 29. A system according to any of claims 24 to 28 further comprising a data storage device which is separate to the remote device, in which the remote device comprises means to write data on the data storage device.

30. A system according to claim 29 in which the data storage device is a card having a magnetic data storage area, a DVD, a CD or another disc storage medium.

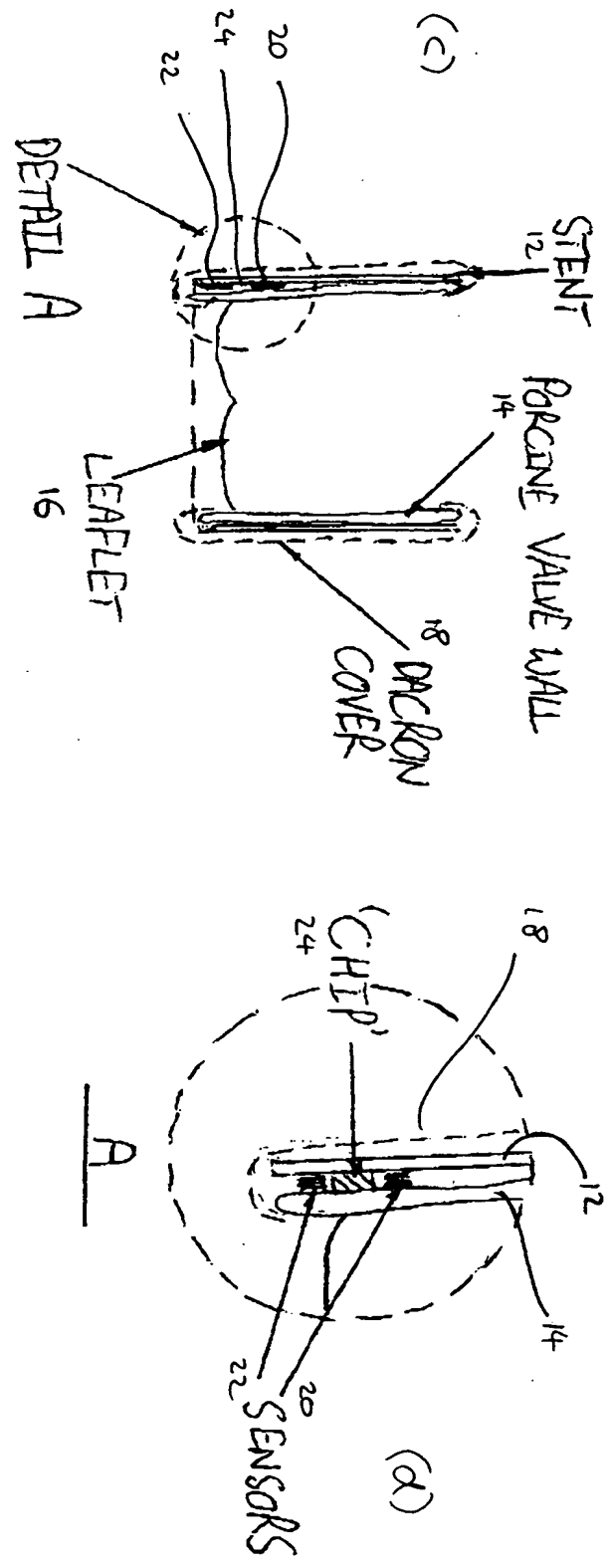
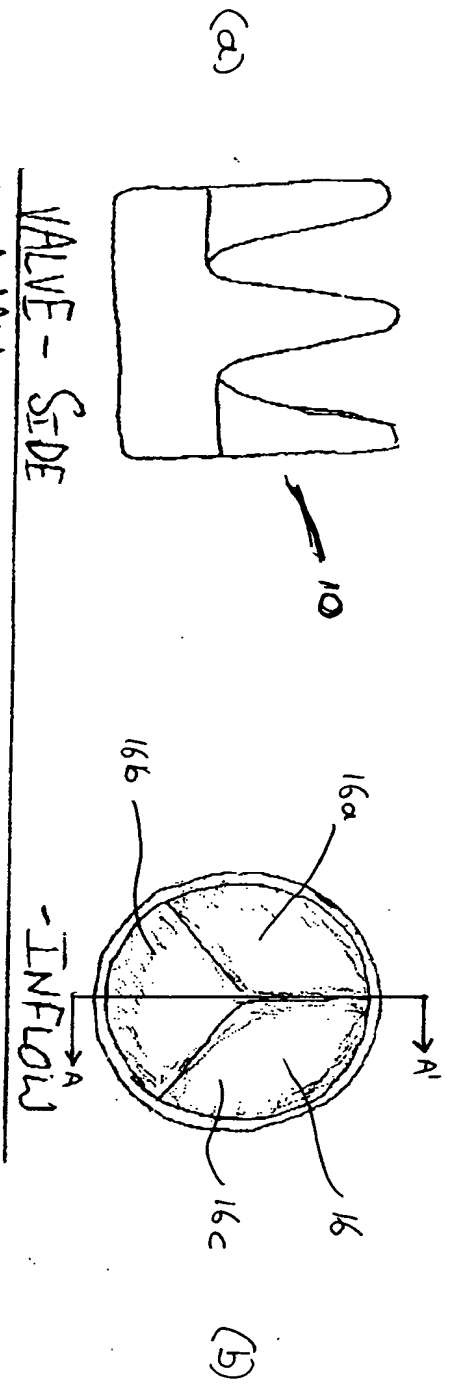
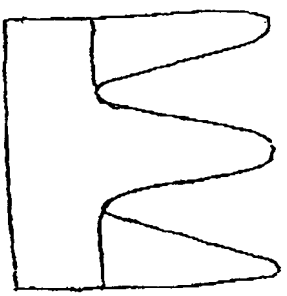


Fig. 1

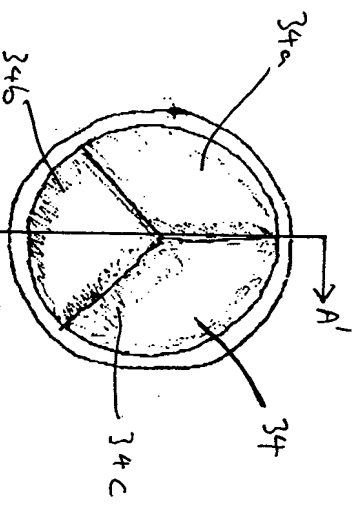
STENTED BIO-PROSTHESES (INCLUDING NEW DEVICE)

VALVE - SIDE

- CUTAWAY



(a)



(b)

PORCINE VALVE WALL

32

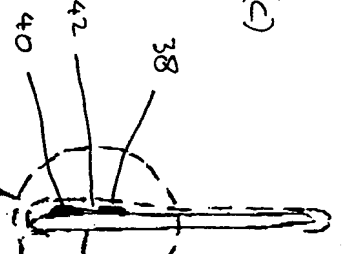
PERICARDIAL COVER

36

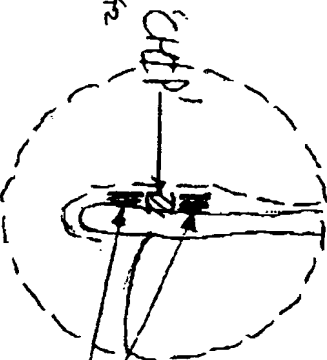
LEAFLET

34

DETAIL 'B'



(c)



(d)

Fig. 2

FRESESEIN (STENTLESS) BIOPROSTHETIC (WITH 'CHIP')

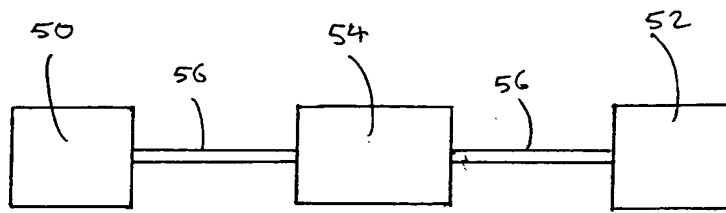


Fig. 3

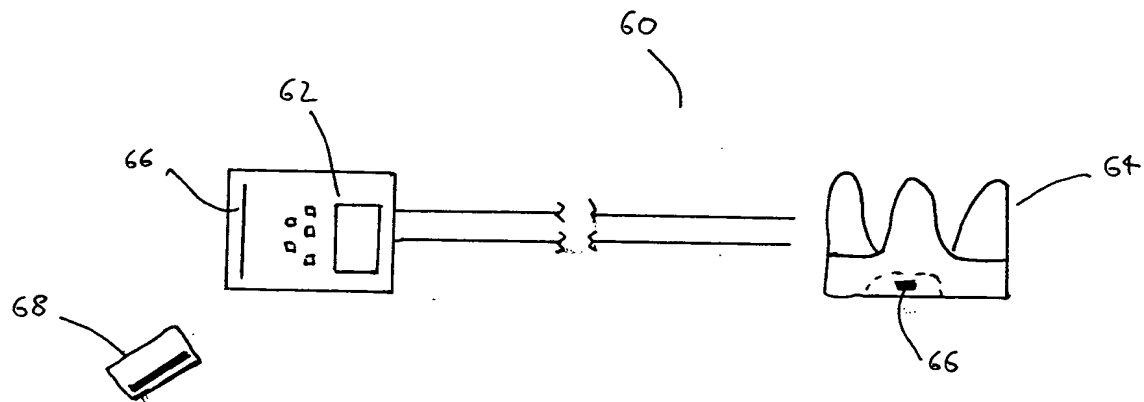


Fig. 4

